

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-026855

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. **382** Primary Registration District No. **5543** Registrar's No. **16**

FILED JUL 27 1962

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) Boonlick Twnshp		c. CITY OR TOWN Glasgow	
c. FULL NAME OF (If NOT in hospital, give location) Wm. S. Glasgow P.H.		d. STREET ADDRESS 17 miles South Glasgow Route 1	
3. NAME OF DECEASED (Type or print) Homer MATHEW Andrews		4. DATE OF DEATH July 12, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 14, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	
11. FATHER'S NAME Robert Andrews		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		14. SOCIAL SECURITY NO. [REDACTED]	
15. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Failure		16. NAME OF HUSBAND OR WIFE Georgia Martin Andrews	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Pulmonary Emphysema		17. ADDRESS 27 Mrs. Homer Andrews, Glasgow, Mo.	
DUE TO (c) Chronic Bronchitis		18. INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION
21. I attended the deceased from 1951 to July 1962 and last saw him alive on July 2		22. DATE SIGNED 7-13-62	
22a. SIGNATURE McHamb (Degree or title)		22b. ADDRESS Glasgow, Mo	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Buried		23b. DATE July 14, 1962	
23c. NAME OF CEMETERY OR CREMATORY Roschill		23d. LOCATION (City, town, or county) Lisbon Mo	
24. FUNERAL DIRECTOR Triemuth Funeral Service		25. DATE RECD. BY LOCAL REG. 7-14-1962	
26. REGISTRAR'S SIGNATURE Walker Audsley			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

VS 300
Rev. 4/59

1 0450

2 0450,

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12 90-2

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USE BLACK INK

OR

TYPEWRITER RIBBON

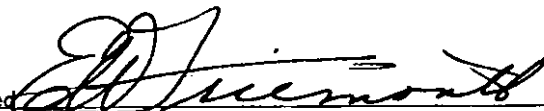
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No.

3978

P. O. Address

Glasgow, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.